Docket #_	

Columbus/Bartholomew Planning Department Retail Water and/or Sewer Connection Application

City		State ZIP
FAX No	E-mail _	
City		Zip Code
${(\text{NW, NE, SW, SE})}$ corner of the intersection	ofStreet Name	and
<u>OR</u>		
Side of Street Name		
Street Name	 Distance (ft. or mi.)	Direction (N, S, E, W)
		,
Street Name	Distance (ft. or mi.)	Direction (N, S, E, W)
• •		relationship to the c
on of the property		
	City FAX No City City City City OR (NW, NE, SW, SE) OR (N, S, E, W) Street Name Street Name Street Name Street Name Street Name	City Corner of the intersection of Street Name OR (N, S, E, W) Side of Street Name Distance (ft. or mi.)

Miscellaneous

Is this request related to failure or improper functioning of a septic system? YES NO (circle one) If "yes," provide documentation.

Is this request related to failure or improper functioning of a private well? YES NO (circle one) If "yes," provide documentation.

I understand that my property may be annexed by the City of Columbus in the future, and in consideration of receiving the above-referenced service(s), I waive my right to remonstrated against such proceeding. I swear or affirm under penalties for perjury, that the foregoing representations are true to the best of my knowledge and belief.

Owner's Signature	Date	
Owner's Signature	 Date	-